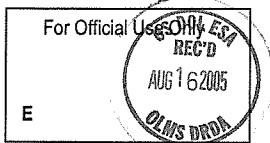


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|--|
| 1. File Number U - <u>8499</u> | 2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u> |
| 3. Name and address of person filing. Name <u>MICHAEL E SPARROUGH</u> P.O. Box, Bldg., Room No., if any <u>ROOM 615</u> Street <u>1776 EYE STREET NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20006</u> | 4. Name, file number, and address of labor organization. Name <u>INT'L UNION of BROADCAST ALIED CRAFTWORKERS</u> Labor Organization File Number <u>000-034</u> P.O. Box, Building and Room Number, if any <u>SUITE 600</u> Street <u>1776 EYE STREET NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20006</u> |
| 5. Position in labor organization. <u>ASSISTANT TO THE PRESIDENT FOR PLANNING AND MANAGEMENT</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____ |

Signature

| | | |
|--|---------------------|---------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>Michael E Sparrough</u> | On <u>8/12/2005</u> | <u>202-383-3260</u> |
| | Date | Telephone Number |

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE KAEMPTER COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1900 K STREET NW

City WASHINGTON

State DC ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

KAEMPTER PURCHASED BOWEN BUILDING FROM UNION IN 2001

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

BUSINESS LUNCH WITH KAEMPTER COMPANY AND SIGAL COMPANY

12.b. Amount. \$25 Approx

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name J M ZEIL PARTNERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 850

Street 1900 K STREET NW

City WASHINGTON

State D.C. ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

REAL ESTATE CONSULTING, BROKERAGE,
AND RELATED SERVICES. ALSO
SERVED AS CONSTRUCTION MANAGER
FOR NEW HEADQUARTERS BUILDING

11.b. Approximate dollar value of such dealing.

\$1.7 MILLION

12.a. Nature of interest held or income received.

BUSINESS LUNCH TO DISCUSS
PLANS FOR NEW BUILDING

12.b. Amount.

\$25 APPROX

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE SHAKESPEARE THEATRE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 450 7th STREET NW

City WASHINGTON

State DC ZIP Code + 4 20004-2207

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

UNION PURCHASED LAND AND ENTERED INTO A JOINT CONDOMINIUM REGIME TO CONSTRUCT UNIONS HEADQUARTERS BUILDING

11.b. Approximate dollar value of such dealing.

\$10.9 million

12.a. Nature of interest held or income received.

RECEIVED TWO COMPLIMENTARY TICKETS TO SHAKESPEARE THEATRE PERFORMANCE.

12.b. Amount.

\$150 Approx

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount. \$157 Approx

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name J M Zell PARTNERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 850

Street 1900 K STREET NW

City WASHINGTON

State DC ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

REAL ESTATE CONSULTING, BROKERAGE, AND RELATED SERVICES. ALSO SERVED AS CONSTRUCTION MANAGER FOR NEW HEADQUARTERS BUILDING

11.b. Approximate dollar value of such dealing.

\$ 1.7 million

12.a. Nature of interest held or income received.

CATERED DINNER AFFAIR FOLLOWING closing on 620 F STREET property, location of NEW HEADQUARTERS Building.

12.b. Amount.

\$ 75 approx

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTERNATIONAL MASONRY INSTITUTE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 42 EAST STREET

City ANAPOLIS

State MARYLAND ZIP Code + 4 21401

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABOR-MANAGEMENT TRUST to PROMOTE UNIONIZED MASONRY CONSTRUCTION AND to TRAIN UNIONIZED MASONRY CRAFTSMEN

11.b. Approximate dollar value of such dealing.

\$ 3,314,158

12.a. Nature of interest held or income received.

LODGING AND RELATED EXPENSES TO ATTEND BOARD OF TRUSTEES AND ANNUAL MEETING

12.b. Amount.

\$ 1156.93

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.